



United States Court of Appeals

FOR THE DISTRICT OF COLUMBIA CIRCUIT

PAUL NAGY, PRO SE,
Plaintiff-Appellant,
v.

USCA No. 05-7097

EMBASSY OF ROMANIA, et al,
Defendants-Appellees.

USDC No. 05cv01015 *Leave to me without
Prepayment of Cost GRANTED
Colleen Kolla - Kelly
12/13/05*

ORIGINAL

MOTION FOR LEAVE TO PROCEED ON APPEAL IN FORMA PAUPERIS

I, Paul Nagy,, declare that I am the
☒ appellant/petitioner ☐ appellee/respondent in the above-entitled proceeding. In
support of this motion to proceed on appeal without being required to prepay fees,
costs or give security therefor, I state that because of my poverty I am unable to prepay
the costs of said proceeding or to give security therefor. My affidavit or sworn
statement is attached.

I believe I am entitled to relief. The issues that I desire to present on appeal/review are
as follows: *(Provide a statement of the issues you will present to the court. You may
continue on the other side of this sheet if necessary.)* The relief I have request-
ed in my complaint should be given as urgent as possible because
of the still ongoing Imminent Danger am being in here at said Cen-
ter because of the Appellees ongoing deliberate cover up of for po-
litical or other reasons, or the combinations of the many.

Signature 

Name of Pro Se Litigant (PRINT) Paul Nagy

Address Federal Medical Center, P.O. Box 1600

Butner, NC 27509-1600

Submit original with a certificate of service to:

Clerk, U.S. Court of Appeals
for the D.C. Circuit
Rm. 5423, E. Barrett Prettyman U.S. Courthouse
Washington, DC 20001

**Affidavit Accompanying Motion for
Permission to Appeal in Forma Pauperis**

United States Court of Appeals for the
District of Columbia Circuit

PAUL NAGY, PRO SE,
Plaintiff-Appellant,

Case No. 05-7097

v.

EMBASSY OF ROMANIA, et al,
Defendants-Appellees.

.....
Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

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Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed: 

Date: 11/7/05

.....
My issues on appeal are: The District Court's abuse of discretion which amounted to usurpation of power.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$ 0	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 0	\$ 0	\$ 0	\$ 0

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
0	0	0	0
0	0	0	0
0	0	0	0

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
0	0	0	0
0	0	0	0
0	0	0	0

4. How much cash do you and your spouse have? \$ 0

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
<u>0</u>	<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	<u>0</u>	\$ <u>0</u>	\$ <u>0</u>

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, that you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value) <u>0</u>	Other real estate (Value) <u>0</u>	Motor vehicle # 1 <u>0</u> (Value) Make & year: <u>0</u> Model: <u>0</u> Registration #: <u>0</u>
Motor vehicle #2 <u>0</u> (Value) Make & year: <u>0</u> Model: <u>0</u> Registration #: <u>0</u>	Other Assets (Value) <u>0</u>	Other Assets (Value) <u>0</u>

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>0</u>	<u>0</u>	<u>0</u>
<u>0</u>	<u>0</u>	<u>0</u>
<u>0</u>	<u>0</u>	<u>0</u>

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>0</u>	<u>0</u>	<u>0</u>
<u>0</u>	<u>0</u>	<u>0</u>
<u>0</u>	<u>0</u>	<u>0</u>

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semi-annually, or annually to show the monthly rate.

	You	Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>0</u>	\$ <u>0</u>
Are real-estate taxes included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is property insurance included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>0</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>0</u>	\$ <u>0</u>
Clothing	\$ <u>0</u>	\$ <u>0</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>0</u>
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)	\$ <u>0</u>	\$ <u>0</u>
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments) (specify): _____	\$ <u>0</u>	\$ <u>0</u>
Installment payments	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card (name): _____	\$ <u>0</u>	\$ <u>0</u>
Department store (name): _____	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>0</u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

[] Yes [X] No If yes, describe on an attached sheet.

10. Have you paid—or will you be paying—an attorney any money for services in connection with this case, including the completion of this form?

[] Yes [X] No

If yes, how much? \$ 0

If yes, state the attorney's name, address, and telephone number:

0
0
0

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

[] Yes [X] No

If yes, how much? \$ 0

If yes, state the person's name, address, and telephone number:

0
0
0

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. I have no money at all and I am not expecting any from no any other place than from this case

13. State the address of your legal residence.

Federal Medical Center
P.O. Box 1600
Butner, NC 27509-1600

Your daytime phone number: () None

Your age: 58 Your years of schooling: 10

Your social-security number: Don't know